

Acknowledgement of Life Insurance Termination

The Fairfax County Retirement Administration Agency has received a request from you to terminate your life insurance coverage effective _____.

By terminating your coverage with the County you will never be able to re-enroll with any carrier as a Fairfax County retiree. Please complete this form and return it to the following address: 10680 Main Street, Suite 280, Fairfax, VA 22030-3812.

Name (Please Print)

Signature

Social Security Number

City, State, Zip